

Check A Bar
Paragraph Specimen

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 1-876)

SERIAL NO. 10/009453 FILING DATE _____
APPLICANT(S) _____

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 11/12/63 2nd AMENDMENT		No.						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.					12		TOTAL DEP.						
TOTAL CLAIMS			2		14		TOTAL CLAIMS						